

G-7/SchB QUARTERLY RETURN
FOR SEMI-WEEKLY PAYER (Rev. 6/04)



MAIL TO:
Georgia Department of Revenue
P.O. Box 105678
Atlanta, GA 30348-5678
Telephone No. (404) 417-3210

GA Withholding ID	FEI Number	Period Ending	Due Date	Vendor Code N/A
Tax withheld this period		Tax withheld this period		Tax withheld this period
Adjustment to tax		Adjustment to tax		Adjustment to tax
Tax Due (Line 1 + or - Line 2)		Tax Due (Line 1 + or - Line 2)		Tax Due (Line 1 + or - Line 2)
Tax Paid		Tax Paid		Tax Paid
Quarterly Tax Liability		Amount Paid		Additional EFT Due

NAME AND ADDRESS	Explanation of adjustments	I declare under the penalty of perjury that this return has been examined by me and to the best of my knowledge is a true and complete return.	
		Signature	Title
		Date	Telephone

Employer's Record of Georgia Tax Liability (Schedule B)

You must complete this schedule if you are required to deposit on a semi-weekly schedule, or if your liability on any day is \$100,000.00 or more.

A. Tax Liability Per Payday - First Month of Quarter

1.		8.		15.		22.		29.	
2.		9.		16.		23.		30.	
3.		10.		17.		24.		31.	
4.		11.		18.		25.			
5.		12.		19.		26.			
6.		13.		20.		27.			
7.		14.		21.		28.			

A Total tax liability for first month of quarter ▶ **A**

B. Tax Liability Per Payday - Second Month of Quarter

1.		8.		15.		22.		29.	
2.		9.		16.		23.		30.	
3.		10.		17.		24.		31.	
4.		11.		18.		25.			
5.		12.		19.		26.			
6.		13.		20.		27.			
7.		14.		21.		28.			

B Total tax liability for second month of quarter ▶ **B**

C. Tax Liability Per Payday - Third Month of Quarter

1.		8.		15.		22.		29.	
2.		9.		16.		23.		30.	
3.		10.		17.		24.		31.	
4.		11.		18.		25.			
5.		12.		19.		26.			
6.		13.		20.		27.			
7.		14.		21.		28.			

C Total tax liability for third month of quarter ▶ **C**

D Quarterly Tax Liability (add lines A, B, and C) ▶ **D**

Date received: